

No. 99490

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99490 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W. Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Stone Cutter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, two years

Place of Death, { Give Street and Number. } 1855 Ramsey St.

Cause of Death, { First (Primary), Consumption Second (Immediate), }

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Apr 27/87

Undertaker, J. B. Cook A. Kimmel M. D.

Place of Business, 1003 E. Baltimore St., 1821 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person's superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99491 Office of Registrar of Vital Statistics. Ward 20ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella M. Mcblas

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 39 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Canada, Conn.

Duration of Residence in the City of Baltimore, 22 Years.

Place of Death, { Give Street and Number. } No #342 Larnale St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia (Double)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Apr 27/87

{ Undertaker, J. B. Cook Geo. W. Morris M. D.

{ Place of Business, 1003 W. Baltimore St. 1811 Prichard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99492

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99492 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Mogels

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, 4 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 7 weeks & 4 days

Place of Death, { Give Street and Number. } 2443 Canton Ave

Cause of Death, { First (Primary), Second (Immediate), } Purpura Hemorrhagica
Congestion of the brain

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry.

Date of Burial, April 27th 1887

Undertaker, Wm. Licolaus P. P. Hookman M. D.
Medical Attendant.

Place of Business, 1715 Alice Ann Address, 812 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99493 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 26 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Ellsworth Hawkins Jr

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 1 Years, 2 Months, Days,

Color, 2

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line. ✓

Occupation,

Birthplace, State or country, and how long in the United States, if of foreign birth. 631 W Biddle St

Duration of Residence in the City of Baltimore, 14 2

Place of Death, Give street and Number. 631 W Biddle St

Cause of Death, First, (Primary.) Pneumonia
Second, (Immediate.) Asthma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetery

Date of Burial, April 28. 1887

Undertaker, Acet Hunsley

Place of Business, 561 E. Chancery St Address,

W. Platt M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Dr Platt at W. Platt on Eager Park St

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99494 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah V. Matthews

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, Months, Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 430 North Ave

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, April 28, 1887

Undertaker, Ally Hunsby L. C. Matthews M. D.

Place of Business, 56 Exchange St Address, 603 Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99495 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles F. Munder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Printer & Publisher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1011 Harlan Avenue

Cause of Death, { First (Primary), Second (Immediate), } Ulceration of the Windpipe & Bronchi
Hemorrhage & pulmonary oedema.

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, April 27

Undertaker, Stewart Mowen Prothonotary M. D.

Place of Business, 215 & 217 Park Ave Address, 605 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99496
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99496 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 2 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } St. Vincent's Asylum

Cause of Death, { First (Primary), Second (Immediate), } Phthisis
Exhaustion

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, New South Cemetery

Date of Burial, April 27. 1887

{ Undertaker, John Masterson } J. J. Flannery M. D.
Medical Attendant.

{ Place of Business, Division #. } Address, 1701 Dr. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 99497

Health Department, City of Baltimore.

Permit No. 99497 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26. 87
Full Name of Deceased, Minnie L. Stegman
Sex, ~~Male~~ or Female, Female
Age, 7. Years, 26. Months, 26. Days.
Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, ☒ ~~Married~~, ☒ ~~Widow~~, ☒ ~~Widower~~.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 28th

Undertaker, Andrew Rohde

Place of Business, 130 Penna Ave Address, 1803, W. Penna Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99498

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99498 Office of Registrar of Vital Statistics. Ward 4¹²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gustav Howitz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Printer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, { Give Street and Number. } 944 High St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis & haem. fever

Duration of Last Sickness, since 1100.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28th 1887

{ Undertaker, Henry H. Meares } G. C. Luck M. D.

{ Place of Business, #413 E. Fayette St Address, 2000 E. Duval St. } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99499 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Estelle Mc. Morgan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 Years, 9 Months, 14 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 2144 Divison Street.

Cause of Death, { First (Primary), Second (Immediate), } Purpural Septicemia
Exhaustion

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 29

Undertaker, Walter Linnell W. Rickett M. D.

Place of Business, 594 W. Bidder Address, Peuna Ave + Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]